



COMMONWEALTH of VIRGINIA

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COMMISSIONER

DEPARTMENT OF
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May 11, 2011

ADDENDUM NO. 2 TO ALL OFFERORS:

Reference – Request for Proposals: RFP #720C-04293-11R

Commodity: Temporary Pharmacist Services

For Delivery To: Department of Behavioral Health and Developmental Services

RFP Close Date: May 26, 2011 at 3:00 p.m. EST

The above is hereby changed to read:

1. On page 1 of 26, The RFP Closing Date shall now read: Proposals will be received for furnishing services described herein until: **Thursday May 26, 2011 at 3:00p.m.**
2. On Page 1 of 26, Submit Comments and Questions shall now read: Interested Parties may submit written comments and questions on any aspect of this RFP **on or before 5:00 p.m. Thursday, May 19, 2011.** Please submit your comments and questions to David T. Ray by Email: david.ray@dbhds.virginia.gov No other questions will be responded to if received after the **5:00 p.m. Thursday, May 19, 2011** deadline.
3. On page 6 of 26, change item # 2.4.6, to read as follows:

Pharmacy personnel shall be:

- Free from mental or physical impairments that would restrict the individual from performing the services required.
- On an annual basis, submit to a Purified Protein Derivative (PPD) reading or evaluation if known PPD reactor, administered by the facility.
- Speak, understand, read and write the English language fluently.

- Submit to a drug test, administered through the facility.
- Submit to finger printing and background check, administrated through the facility.

4. On page 6 of 26, Item # 2.5, the second paragraph shall read as follows:

The placement package shall consist of, at a minimum, the following pharmacist specific information. (Purchasing Agencies may request additional information as required.)

- Name.
- Training (copy of certificates).
 - Location.
 - Type.
- Current Virginia Pharmacist license (copy of certificate).
 - Restrictions.
 - License history in all states, commonwealth or territories.
- Virginia Pharmacy Technician Certificate (copy of certificate).
- Contractor's federal tax identification number.
- Pharmacist's and/or certified pharmacy technician's SSN.
- Complete employment history and explanation for any gaps in employment. The Agency reserves the right to conduct reference checks on any potential candidate of the program.
- Previously successful or currently pending challenges to any licensure or any registration or voluntary relinquishment of such licensure/registration.
- Involvement in a professional liability action, present or past, and any final judgment or settlements of any such action.
- Three letters of reference for the potential candidate.

5. On page 7 of 26, Item # 2.2.2 Comparison, #3 on the list shall be changed to read as follows:

(3) Contractor's Daily Rate and Half –Day Rate;

6. On page 8 of 26, Item # 2.6 Local Housing, add the following to the last sentence:

or Half-Day Rate.

7. On page 9 of 26, under Item # 6.11 change the required copies to **four**.

8. On page 12 of 26, Change Item # 6.2.1.7 to read as follows:

Quote your Maximum Daily Rate, Half-Day Rate and Over-Time Hourly Rate for pharmacists and certified pharmacy technicians.

9. On page 13 of 26, change Item # 7.1.7 to read as follows:

Temporary qualified pharmacists and certified pharmacy technicians
Maximum Daily Rate, Half-Day Rate and Over-Time Hourly Rate and if the
facility offers acceptable housing to the pharmacist or pharmacy technician,
the amount of the Daily Rate and Half-Day Rate charge reduction.

10. On page 23 of 26, Change Item # 11.0, PRICING SCHEDULE: to read as follows:

The Daily Rate, of a temporary pharmacist and a pharmacy technician shall be all-inclusive and shall constitute the entire daily cost to the facility for 8-hour day. The daily rate shall include the daily rate paid to the temporary pharmacist or certified pharmacy technician while on duty at the assigned facility as well as a daily up-charge to cover transportation, lodging, pharmacist and a pharmacy technician per diem, insurance and other Contractor's overhead as well as profit. The Half-Day Rate and Hourly Overtime Rate shall also be all inclusive rates. The Half-Day Rate will be for a four hour shift. Should the facility offer acceptable housing to the pharmacist or pharmacy technician, the amount of the Daily Rate and Half-Day Rate charge shall be reduced accordingly.

QUOTE:

\$ _____ Daily Rate for Pharmacist.

\$ _____ Half-Day Rate for Pharmacist.

\$ _____ Per hour rate for overtime for the Pharmacist.

\$ _____ Daily Rate for Certified Pharmacy Technician.

\$ _____ Half-Day Rate for Certified Pharmacy Technician.

\$ _____ Per hour rate for overtime for the Certified Pharmacy Technician

\$ _____ Per day deduction in the Daily Rate if DBHDS provides acceptable housing during assignment.

\$ _____ Per day deduction in the Half-Day Rate if DBHDS provides acceptable housing during assignment.

Note: A signed acknowledgment of this addendum must be received at the location indicated on the RFP either prior to the RFP closing date and hour or attached to your proposal. Signature on this addendum does not substitute for your signature on the original RFP document. The original RFP document must be signed.

Sincerely,



David T. Ray, CPPB, VCO
Contract Manager

Name of Firm

Signature/Title

Date _____